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Amendment Under 37 C.F.R. § 1.116
Group Art Unit 2879, Expedited Procedure

In re Application of:

Docket No. 03500.014055.

NOBUHIRO ITO ET AL.

Application No.: 09/413,774

Examiner: S. Roy

Filed: October 7, 1999

Group Art Unit: 2879

For: A SPACER STRUCTURE HAVING A SURFACE
WHICH CAN REDUCE SECONDARIES (as amended)

Date: August 28, 2003

THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Action in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 141	MINUS	** 143	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 35	MINUS	*** 36	= 0	x \$42 \$84	\$0.00
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants

Registration No. 46,185

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

NY MATH 372 (34v)



Commissioner for Patents
Washington, D.C. 20231

Date 11 / 8 / 01
Mo Day Yr

Atty. Docket 25-214055

Application No. 413,774

Sir:

Kindly acknowledge receipt of the accompanying:

- ☐ Response to Official Action.
- ☒ Check for \$ 180.00 IDS Surcharge (claims fee)
- ☐ Petition under 37 CFR 1.136 and Check for \$
- ☐ Notice of Appeal and Check for \$
- ☒ Information Disclosure Statement, PTO-1449 and
- ☐ Claim for priority and certified copies of
- ☐ Issue fee transmittal and Check for \$
- ☐ Other (specify)

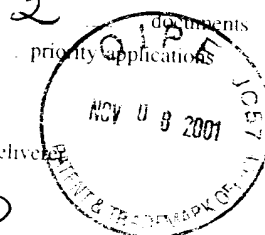
by placing your receiving date stamp hereon and returning to deliver

Atty.

FAD/mw

Due Date

11 / 10 / 01
Mo Day Yr



FORM-0-10